

| POSITION                         | INITIALS       | ID NO.  | DATE    |
|----------------------------------|----------------|---------|---------|
| <b>FEE DETERMINATION</b>         | <i>W&amp;P</i> | 111710  |         |
| <b>O.I.P.E. CLASSIFIER</b>       |                | 8       | 5-200   |
| <b>FORMALITY REVIEW</b>          |                | 111634  | 6/27/00 |
| <b>RESPONSE FORMALITY REVIEW</b> |                | 1091645 | 10-5a   |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final<br>Original | Date   |
|-------|-------------------|--------|
| 1     | 1                 | 1/1/00 |
| 2     | 2                 | 1/1/00 |
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| Claim | Final<br>Original | Date |
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| Claim | Final<br>Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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